



20-12-03

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<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER</b>			Attorney's Docket No: A-451K	
Serial No. 09/721,212	Filing Date November 21, 2000	Examiner R. B. Schwadron	Group Art Unit 1644	
In Re Application of William J. Boyle et al.				
For Osteoprotegerin Binding Proteins and Receptors				
TO THE COMMISSIONER FOR PATENTS:				
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):				
<input type="checkbox"/> One month of original due date (\$110.00)				
<input type="checkbox"/> Two months of original due date (\$410.00)				
<input checked="" type="checkbox"/> Three months of original due date (\$930.00)				
<input type="checkbox"/> Four months of original due date (\$1,450.00)				
<input type="checkbox"/> Five months of original due date (\$1,970.00)				
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested:				
<input checked="" type="checkbox"/> is filed herewith.				
<input type="checkbox"/> has been filed.				
<input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.				
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.				
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:				

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**CLAIMS AS AMENDED**

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	**	=	0	x \$18 = \$ 0.00
Indep. Claims	*	Minus	***	=	0	x \$84 = 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$280 = 0.00
Total Additional Fee for this Amendment						\$0.00

- \* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

☐ The following other fees are incurred by the accompanying papers.

☐ Other: \_\_\_\_\_

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 930.00 . A  
duplicate copy of this petition is attached.

- ☒ If an additional extension of time is required, please consider this a request therefore.  
☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:

US Patent Operations/RBW  
Dept. 4300, M/S 27-4-A  
AMGEN INC.  
One Amgen Center Drive

Robert B. Winter  
Attorney/Agent for Applicant(s)  
Registration No.: 34,458  
Phone: (805) 447-2425

**EXPRESS MAIL CERTIFICATE**

\_\_\_\_\_  
I hereby certify that the paper or papers enclosed are the original papers of the applicant, and that the same are addressed to the Commissioner of Patents, P.O. Box 148, Alexandria, VA 22304-1480.

Lynne Buchsbaum